

## **REMARKS**

In accordance with the forgoing, claim 1 has been amended. Claims 1-21 are pending and under consideration. The following remarks are respectfully submitted.

### **I. Objections to the Claims**

Claim 1 stands objected to because of informalities. Applicants wish to extend their gratitude to the Examiner for bringing the informalities to their attention. Claim 1 has been amended to replace the term “the service request” with the term “the transferred data”. Accordingly, it is respectfully requested that the objection be withdrawn.

### **II. Rejections under 35 USC §103**

Claims 1, 3-5, 9-11, 13-15 and 19-21 stand rejected under 35 USC §103(a) as being unpatentable over Nelson et al. (U.S. Patent No. 6,418,346) and claims 2, 6-8, 12 and 16-18 stand rejected as being unpatentable over the combination of Nelson et al. and Bornn et al (U.S. Patent No. 5,348,008). However, Nelson et al. and Bornn et al. do not disclose, teach or suggest all of the elements of the rejected claims, and Applicant respectfully requests that the rejection be withdrawn.

Nelson et al. is directed at a system for transferring data in and out of medical devices wherein a personal data manager (PDM) is used in a web-based network. Nelson et al. discloses an IMD in wireless communication with a programmer 20. Programmer 20 is able uplink to a remote web-based expert data center 62. Data center 62 is in bidirectional data communication with office equipment like a fax, cell phone, and printer. PDM 20' can be used as a “medical messenger” to physically carry data from programmer 20 to a PC, a printer or data center 62. Bornn et al. discloses a cardiorespiratory alert system which communicates with a remote caregiver unit through a base station.

Claim 1 includes “least one communication network providing a continuously available communication link between the external medical device and the plurality of home appliances”, which is not disclosed in Nelson et al. Instead, Nelson et al. discloses a system in which the patient or a person at remote data center must initiate communication by uplinking or downlinking with the programmer. One of the advantages of the present invention is that the patient or doctor need not intervene to initiate transfer of data or a warning message to a home appliance. Thus, claim 1 is patentable because Nelson et al. does not disclose a continuously available communication link between the external medical device and the plurality of home appliances.

Also, independent claims 1, 11 and 21 all include “a plurality of home appliances”. Nelson et al. discloses office equipment maintained at data center 62, but does not disclose using common home appliances to store data. Office equipment at a remote facility is not a home appliance, and claims 1, 11 and 21 are therefore patentable over Nelson et al.

Finally, Nelson et al. does not disclose “a processor converting the service request to a protocol readable by an operating system of the selected one of the plurality of home appliances; wherein the transferred data comprises a service request corresponding to the selected one of the plurality of home appliances.” The Office Action argues that it would be obvious to program the processor to convert transferred data to a protocol readable by the operating system of the selected appliance. However, there is nothing in Nelson et al. that would suggest such a modification. If, as argued in the Office Action, Nelson et al. discloses a plurality of home appliances, then there should have been some disclosure in Nelson et al. to do so. Therefore, claim 1 is patentable over Nelson et al. for this reason as well.

Similarly, claim 11 and 21 include the steps of transferring data from the external medical device to the selected one of the plurality of home appliances, wherein the transferred data comprises a service request corresponding to the selected one of the plurality of home appliances; and converting the service

request to a protocol readable by an operating system of the selected one of the plurality of home appliances. As discussed in the preceding paragraph, there is nothing in Nelson et al. that discloses, teaches or suggests such steps.

Similarly there is nothing in Nelson et al. that discloses, teaches or suggests verifying a communication link between the external medical device and the plurality of home appliances, or selecting one of the plurality of home appliances according to a function performed by the selected one of the plurality of home appliances, as claimed in claims 11 and 21.

Therefore, because Nelson et al. and Bornn et al. do not disclose all of the elements of any of independent claims 1, 11 and 21, those claims are patentable. The remaining claims are all dependent claims that depend on claim 1 or claim 11, so claims 1-21 are all patentable over Nelson et al. and Bornn et al.

### **III. Conclusion**

Finally, if there are any formal matters remaining after this response, the Examiner is requested to telephone the undersigned attorney to attend to these matters. The Commissioner is authorized to charge any deficiencies and credit any overpayments to Deposit Account No. 13-2546.

Respectfully submitted,

Date: October 16, 2006

/Daniel G. Chapik/  
Daniel G. Chapik  
Reg. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581